

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division

**Sundry Notices and Reports on Wells**

<p>1. <b>Type of Well</b> GAS</p> <hr/> <p>2. <b>Name of Operator</b> <b>BURLINGTON</b> RESOURCES OIL &amp; GAS COMPANY LP</p> <hr/> <p>3. <b>Address &amp; Phone No. of Operator</b> PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. <b>Location of Well, Footage, Sec., T, R, M</b> 1070' FSL, 800' FEL, Sec. 24, T-32-N, R-7-W, NMPM, San Juan County</p>	<p>API # (assigned by OCD) 30-045-29171</p> <p>5. <b>Lease Number</b> Fee</p> <p>6. <b>State Oil&amp;Gas Lease #</b></p> <p>7. <b>Lease Name/Unit Name</b> Allison Unit Injection</p> <p>8. <b>Well No.</b> 141</p> <p>9. <b>Pool Name or Wildcat</b> Basin Fruitland Coal</p> <p>10. <b>Elevation:</b></p>
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Type of Submission	Type of Action
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other - Temporary abandon
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

**13. Describe Proposed or Completed Operations**

Please consider the subject well for temporary abandon status for a period of five years. A mechanical integrity test was performed in 2003 and the test chart was submitted to your office at that time.

TA Expires 8-2008



SIGNATURE Nancy Olthmann Senior Staff Specialist January 23, 2004

no

(This space for State Use)

Approved by Charles H. [Signature] Title DEPUTY OIL & GAS INSPECTOR, DIST. 08 Date JAN 26 2004

# WELL TEST FORM

WELL NAME: William Hunt #141 WELL FILE

DATE: 3-7-02

BR TESTER NAME: Hunter Self, Doug Paul <sup>W/L</sup>, Gary Paul <sup>W/L</sup>

FORMATION: MV or DK, or Both MV/DK (FC) CIRCLE ONE

coefficient 27.64

PLATE: 1.000 "

SPRING: 1.000 #

METER RUN: 2" 200 "

HOLD BACK PRESSURE CONSISTENT WITH LINE PRESSURE OF AREA.

LINE PRESSURE IN AREA: 200 PSI

TUBING SIZE: 2 7/8 "

PACKER IN HOLE? (Y) / N PACKER SETTING DEPTH: W/A  
FLOW UP (TUBING) OR CASING? CIRCLE ONE

MIN. 3 HR FLOW TEST (FLOW LONGER UNTIL GAS RATE STABILIZES)

TIME	TUBING (PSI)	CASING (PSI)	FLOW RATE				
			STATIC <u>Blue</u>	DIFF <u>Red</u>	GAS (MCF)	OIL (BPH)	WATER (BPH)
<u>11:02</u>	<u>300</u>		<u>4.5</u>	<u>8.8</u>	<u>1094</u>	<u>—</u>	<u>—</u>
<u>11:32</u>	<u>225</u>		<u>4.5</u>	<u>5.0</u>	<u>621</u>	<u>—</u>	<u>—</u>
<u>12:02</u>	<u>225</u>		<u>4.5</u>	<u>4.8</u>	<u>597</u>	<u>—</u>	<u>—</u>
<u>12:32</u>	<u>225</u>		<u>4.5</u>	<u>4.75</u>	<u>590</u>	<u>—</u>	<u>—</u>

AVERAGE:

COMMENTS: This test was taken on 96 min clock 300" when started.  
First sample was taken at 11:32 (pressure was 220 sample bottle #16) Second bottle #335.5  
pressure 225 Third bottle #255 pressure 225 Fourth bottle #528 pressure 225

LABEL CHART WITH: WELL NAME, TIME AND DATE.

ATTACH FORM AND BRING TO FOREMAN.

ALLISON UNIT 141  
WELL FILE

